

MULTIPLE DEPENDENT
FEE CALCULATION CLAIM
(FOR USE WITH FORM PTO-875) SHEET

SERIAL NO. 10-088330 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.	0						
TOTAL DEP.	2						
TOTAL CLAIMS	5						

	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY